

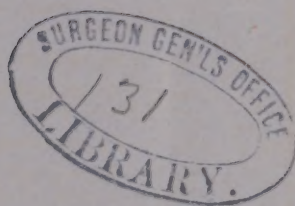
FRISSELL (J.)

*Compliments of the Author.*

EPIDEMICS  
OF  
WHEELING AND VICINITY  
SINCE 1832,  
AND  
SURGICAL CASES.

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JOHN FRISSELL, M. D.,  
OF WHEELING, W. VA.

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1880.





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Wheeling has been visited by two epidemics of cholera; the first, and most frightful and fatal occurred before I came to the city. It commenced by the appearance of a few cases in the fall of 1832, disappeared during the winter, and broke out again with great violence in May, 1833, spreading over the city and places near it with frightful ravages. This was the great epidemic of cholera supposed to have been transported from the cholera hot-beds in Asia, and called Asiatic cholera. It traveled over the country extensively at that period and was the cause of great destruction of life and panic of fear which was almost as destructive as the cholera itself.

During these two cholera years I was a student of Berkshire Medical School, in Pittsfield, Massachusetts. There had been rumors for many months before the summer of 1832, that the cholera had left Asia and was traveling through Europe and making its preparations to cross the Atlantic to this country. Everybody was excited and on tiptoe, wondering how it would cross the sea and how soon it would appear in our midst. Would some of the higher currents of air waft the poison over the sea, and sprinkle it over this country? Or would some carrier dove bring a bundle of cholera twigs and drop them one by one in different places as she would fly over the land? Or would passengers over the sea bring the germs

of the disease in their trunks, in their clothes, or *on* their bodies? There was as much fear and dread of the approach of cholera as though one of Napoleon's great armies was preparing to cross the Atlantic to invade our shores.

On the 8th of June, 1832, cholera made its appearance in Quebec; on the 10th of June in Montreal, and on the 24th in New York, when the great stampede commenced. (On the 3d of July it had reached Albany, and on the 5th Philadelphia). Everybody who could get out of the city left. The boats and the stages were full, some went on horseback and some on foot, any way to get out of the city to the mountains, to the highlands, or any place in the country. The towns and the country north and south were being filled with strangers from New York. But the people would hardly allow travelers or strangers to stop at the hotels, for fear they would have the cholera, and if any happened to be sick, woe be to them. I remember one evening a stranger traveling in one of the stages was slightly sick. The news ran over the town like wild-fire, and every one said he had the cholera. No one would take him in, not even the hotels, and finally he was hustled off to one of the old medical buildings that was then empty. There, without comforts or attention, the sick stranger was compelled to remain, an old colored man seeing him occasionally, till morning, when he was well enough to pursue his journey. He told the people that he was not very sick, that he had not the cholera, and that he was subject to such attacks as this one, but nothing except cholera was in their brains, and nobody would listen to him or hear a word of his complaints. It was a long time before any one, especially a stranger or suspicious person, was allowed to stop in town or hardly pass through on the coaches, for at that time, before railroads, all the general travel through the country was in stage coaches.

During the summer the excitement and panic, to a great extent, died away. The people could sleep, and strangers could find a home among them. I remember of only one case of cholera that occurred in Pittsfield that season. The victim was a colored man, who lived about half a mile out of town, and off at one side of the road in a field. He was attended by Prof. H. H. Childs, with Prof. Willard Parker, as consulting physician, who were then paying their first respects to what was called a true case of Asiatic cholera. Some half dozen of us students had to do the nursing and take care of the man; nobody but doctors or students would go near him. I remember I stayed most of the time at the shanty for



some four or five days. The patient had the appearance of a dead man, and could speak only in a fine whispering, squeaking voice. The only medicine I remember of giving him (though other medicines were doubtless given) was calomel, castor oil and turpentine, all stirred together in a tea cup, a mixture much used by Prof. Childs. The man finally recovered but was salivated, for which he gave the doctors many scoldings and a very bad name. This colored man was the only case of cholera I remember of seeing in Pittsfield during the years 1832 and 1833. It spread largely over the country and many cases occurred; but as the people became more accustomed to it the great fear and dread passed away.

The above is a short outline of my cholera experience in a large inland mountain town in Massachusetts. The same kind of excitement existed over the country and the history of it in one place is, to a great extent, the history of it in every other place. At that time it was believed to be a disease transported from Asia. At present many of us, at least, believe that the cholera we have now is American and entirely independent of any that exists in Asia, or in any other foreign countries.

It is sometimes noticed that disease and sickness follow the course of currents of foul air or tainted atmosphere. Several years since, while staying on Blackwell's Island a few weeks with friends, I noticed that malarial fever, to a considerable extent, was on the island, and inquired the cause of it. The physicians told me the malarial influence was blown over by the west wind from the Long Island marshes, and that the influence extended across the island and even to the New York shore. In Brooklyn, where there has been much changing and upturning of the soil in building, making streets, railroads and parks, much sickness prevails. The same is true of New York under similar circumstances, and in fact in any place where that kind of work is largely done. I have often heard the old citizens of Wheeling tell how cholera marched through the town, following the line of currents of bad air from marshy ponds and localities where impure city soil had been deposited. I have no reason to doubt the influence of that class of causes. When cholera or other epidemics prevail, and cases are liable to occur at any time and place, things of that kind are often noticed and perhaps hunted up by those persons who wish to explain what they cannot clearly comprehend. It puzzled the faculty of the Berkshire Medical College, as well as the people round about the town and country, to explain how the poor negro, out in a lone cabin in the field, should take *pure Asiatic cholera*

from the winds of heaven and nobody else in that region of country, as I remember, be attacked by the disease. The sewer-digging and lime-spreading-committees can usually tell us exactly how all these things come about. Their philosophy enables them to make everything plain.

The second cholera epidemic extended through several years, from 1849 or 1850 to 1853 or 1854. The attacks were not very numerous, but during the whole epidemic, extending through four or five years, there were many deaths, a large number occurring among the laborers on the Baltimore and Ohio R. R., and a few on the Hempfield R. R. The work on certain divisions of the B. & O. R. R., was suspended on account of cholera. The Narrows, between Wheeling and Moundsville, seemed to be a choice locality for the disease to make its severe attacks on railroad laborers.

As people became more familiar with cholera, the fear and dread of it greatly subsided. We have had occasional cases that would well pass for cholera every year since that time, but there was no particular necessity or use in introducing the frightful Asiatic cholera. A milder name has generally been used, as diarrhoea or cholera morbus. Cholera now seems to be, if it has not always been, one of the regular diseases of the country, and is liable to appear at any time and place, where the necessary conditions favor its development.

Too much importance has been attached to the long entertained and still current opinion that Asia and the far distant countries must furnish us with our remarkable diseases, as they furnish us with our teas, our spices and our choice fabrics. I presume, however, we can get up as formidable diseases in this country as can be produced in any country of the old world. Plague, yellow fever, epidemic dysentery of the southern and southwestern States, typhus and the different forms of malarial fevers, are all formidable diseases when they appear as malignant and epidemic. Small pox, scarlet fever, measles, whooping cough and mumps, have prevailed to a much greater extent in some seasons than in others, but seldom in a manner that would be regarded as epidemic. Dysentery has, I think, occurred most often in lime-stone districts, where the water is strongly impregnated with lime; it has most prevailed in these localities in *very dry seasons* when, as we may suppose the proportional amount of the calcareous ingredient of the water would be increased. The lime-stone regions and the lime water are also favorable to the formation of stone in the bladder.



The first winter after I came to this city—the winter of 1836 and 1837—there occurred an epidemic of scarlet fever, more malignant and more fatal than any epidemic I have ever witnessed. Death would often take place in the forming stage of the disease. An individual would often be attacked in the evening with sick stomach and great prostration, become comatose and die before morning, without consciousness, and without reaction or any external development of the disease. In other cases reaction would take place, and the patient linger for a few days, and die as in ordinary cases of malignant scarlet fever. The epidemic in the winter of 1837 and 1838 was, if anything, still more severe. Often nearly whole families would be down with it at the same time, the sick, the dying and the dead, sometimes occupying the same room. In some cases, where families were large and the houses small, their condition was truly distressing. I have seen this state of things on the tops of the highest hills, within three or four miles of the city, where the surroundings were all favorable to health and where sickness was seldom known.

In the summer of 1843 what was at the time called the "Tyler Grip" or the great epidemic influenza, bronchitis or catarrh, made its appearance. It like the cholera, was said to have crossed the sea. The attacks were ushered in by pain in the back and limbs, great muscular lassitude, chilliness, running from the eyes and nose, hoarseness, cough, fever, etc. It generally passed off in a few days, but the system seemed to undergo a peculiar and permanent change, and was left more sensitive and more liable to attacks from diseases.

During the fall following this epidemic, many cases of typhoid fever appeared, which required more of a tonic and supporting treatment than had previously been adopted in fevers. It was after this influenza that the old antiphlogistic treatment of diseases—blood letting, purging, etc—was, in a measure, given up. At this time a change seemed to take place in the character of the fever and other diseases throughout the country, which change has continued, with various modifications, to the present time. It was at this time, too, that I began to give up the old method of treating fevers, and adopted by degrees a milder and more supporting treatment. This course of treatment has been often carried much too far into the other extreme. Many patients, I am satisfied, have been lost by inflammatory diseases, who, if they had been bled largely at the outset, and treated more as we treated inflammations forty or fifty years ago, by calomel, opium and tartar

emetic, would have been saved. Any of us who have been familiar with both courses of treatment, and who will take the trouble to watch, will notice cases of this kind. Such men as Gross, Parker and Atlee strongly criticise this great fear of blood letting, etc., which enters largely into the fashionable practice of the present day. Females lose blood largely by flooding, and persons lose blood from wounds and injuries, with just as much impunity now as in times gone by, and often with great benefit. Modern teaching is largely on the extreme and in the line of tonics and stimulants, and I am satisfied more patients are lost than would be, if more of the old antiphlogistic treatment were adopted. Since that time, too, the general type of fevers has been more mixed or typhoidal in character. Pure inflammations and inflammatory fevers, that occurred when the blood was more free from poison and malarial influences, have largely disappeared, together with the old antiphlogistic treatment, which, in their day, was so popular and efficient.

There was, in 1847, 1848 and 1849, in many places over the country and in some sections about Wheeling, and in the city, a large amount of sickness that went by the name of black tongue black tongue fever, erysipelas fever, etc. The inhabitants of the ridges above the Stone Church, near the Crugar place, suffered, perhaps more severely than those of any other locality. There were many severe cases of erysipelas, inflammation of the bowels, typhoid fever, typhoid pneumonia and some cases where the disease located itself upon the brain and spinal cord, and which might have been called spotted fever, if that name had been fashionable at the time. During this period too, puerperal fever of a malignant character prevailed extensively. The disease was severe, often uncontrollable, and many cases died. The slightest variation from a strictly prudent course was sure to bring on the fever. Sometimes it would make its appearance where no assignable cause could be given.

In 1856, diphtheria, a variety of malignant sore throat, characterized by fibrinous deposits of a membranous character, the skin, eyes, and other parts sometimes being affected, made its appearance in an aggravated form. For several years, both before and after this period, there was a large amount of what was called malignant pustule, carbuncle, whitlow, and malignant or ill-conditioned subcellular inflammations of various kinds, which I regarded as depending substantially upon the same pathological condition of the system as the other diseases, such as typhoid fever, erysipelas, puer-



peral fever, diphtheria, etc., that made their appearance during this period. Sometimes cases occurred that seemed to be a mixture of several different and distinct diseases.

In the winter of 1870, without any change in the condition of the hospital, or its surroundings, there was an unusual amount of sickness among the orphans and others, who were kept in one department of the Wheeling Hospital. The sickness commenced among the older ones, from twelve to eighteen years of age. Among that class there were cases of typhoid fever, typhoid pneumonia, erysipelas, rheumatism, etc. The different grades of sore throat attended nearly all these cases. The attacks were severe, but they all in time recovered. Shortly after this outbreak among the older ones, nearly one half of the young children, varying in age from six to ten or twelve years, were taken sick nearly at one time and ten of them were placed in one ward. These children had been dressed alike, fed alike, slept in the same room and had, in all respects, been circumstanced as nearly alike as was possible. They were all taken sick at nearly the same time, and put together in one ward room of the hospital that was kept at an even temperature by furnace heat. They were all treated very nearly alike, and all recovered at about the same time, without any serious troubles. Among these ten sick children there were well marked cases of diphtheria, typhoid fever, scarlet fever and measles. Diphtheritic sore throat, or sore throat in some degree, was connected with nearly all these cases. That was the best illustration I had ever witnessed of the simultaneous appearance of several so-called distinct diseases occurring from the same causes, sick in the same room, treated in the same manner, and all recovering in about the same time. Cases of measles, scarlet fever, diphtheria, and typhoid fever, were all occurring occasionally in the city at that time, but not with sufficient frequency to be regarded epidemic. Some of those cases in the hospital seemed to be distinct diseases, but most of them appeared to be a compound of two, diphtheria and measles, or diphtheria and scarlet fever. The fever in all the cases was of a typhoid type. Typhoid fever may be regarded as a mixed fever, intermediate between inflammatory and typhus, partaking of the characters of both, and occupying a wide range between the two extremes. Fevers that vary from those purely inflammatory or typhus, must fall into that great class of mixed fevers, called typhoid. Mixed, or typhoid fever, is the prevailing one of this region of country at the present time. Many persons, and among them doctors, often take great credit to themselves for saying that this or that is a case



of typhoid — when in fact every case unless transported, tingers, and results in fever, that is not caused by organic or some *special local disease*, is typhoid fever, whether the person calling it so understands the subject or not. Thirty and forty years ago inflammatory fevers, or fevers much nearer those of a purely inflammatory type than are to be found at the present time, prevailed largely, and with them the antiphlogistic treatment, or a treatment that approached much nearer to it than any one now used.

In 1863 there were reports of cerebro-spinal meningitis, called spotted fever from the fact that some of the patients were covered with purple spots, previous to or at the time of death. In some parts of the country it was said to be epidemic. A few cases occurred about the city, and several among the soldiers in the U. S. General Hospital. Some died very suddenly, after a few hours' illness; but they had probably been unwell for some time before entering the hospital. Others lingered a few days and died, and a good proportion of them recovered, but some of them very slowly. The character of the fever seemed about the same in all the cases that came under my observation. I aided in the *post mortem* examination of two cases that I called cerebro spinal meningitis, or congestive inflammation of the membranes at the base of the brain and upper portion of the spinal cord—one, a soldier who died at the hospital; the other, a child that died in the city. In the case of the soldier, who died after a few hours' illness, the brain and membranes were very much engorged with blood, while at the base of the brain, along the medulla oblongata and upper portion of the spinal cord, there was an effusion of from one to two ounces of clear serum, which, in that location, I think was sufficient to produce death by pressure upon the respiratory and other important nerves. Nothing was found wrong with the heart and lungs. In the case of the child that was sick some five or six days, and had convulsions before its death, there was no unnatural amount of blood in the vessels of the brain, or its membranes; and the only thing which attracted attention was a bleached and softened appearance of the medulla oblongata, and the collection of from half an ounce to an ounce of cream-colored serum, which surrounded the medulla and upper portion of the spinal cord. The membranes of the upper part of the spinal cord were red and seemed to have suffered from inflammation. Most of the patients had no purple spots about them; occasionally one would turn purple or black all over after death. Purple spots may occur at any time when the circulation is very feeble, and

there is great nervous prostration and loss of vital power. The capillaries are unable to circulate the red blood, and hence the purpura of the surface, sometimes well defined by the venous capillaries, at others diffused through the cellular tissue in the form of ecchymosis. Death is likely to occur suddenly in cerebro-spinal meningitis, because effusion may take place rapidly, and a small amount of fluid about the medulla oblongata will produce death by pressure on the brain and the nerves necessary to carry on the functions of the heart and lungs. If, instead of cerebro-spinal meningitis, there had been erysipelas, pneumonia, pleurisy, peritonitis, or a regular case of typhoid fever, with inflammation of the glands along the track of the bowels, there would have been more time for nature to relieve herself of her embarrassments. I do not think there is anything new or peculiar about this cerebro-spinal disease. I have seen the same thing from time to time ever since I commenced to watch disease. At some times and in some seasons it occurs more frequently, and is more difficult to manage. I saw more cases of the disease in question in 1863, '64 and '65 than I had seen at any previous period. There was also during these years a rather large amount of typhoid fever, especially among soldiers and prisoners. Pneumonia and erysipelas prevailed also, and were apparently of the same character as the "Black Tongue and Erysipelas Fever" of 1847, '48 and '49. I can see no good ground for making a distinction between the fevers and diseases that occurred in 1847, '48 and '49, and those that appeared in 1863, '64 and '65—especially those that occurred in military prisons and hospitals.

George Buchanan, of some note as a political prisoner, entered the prison ward of the General Hospital on the afternoon of March 24th, 1864, and died April 10th of erysipelas and typhoid pneumonia. His case was a *fac simile* of several cases that terminated fatally in his own neighborhood, in Marshall county, on the ridge above the Stone Church in 1847, '48 and '49. In fact I can remember cases that I treated in the Military Hospital that were perfect patterns of the worst of the cases that happened in that locality during the epidemic aforementioned. It so happened that I attended many of the severe cases myself and also visited many of the sufferers who were attended by other physicians. I was personally familiar with many of the severe cases that occurred during that epidemic, in particular localities. It might be said that the prison confinement and air occasioned the disease in Mr. Buchanan; but how can we account for the ap-

pearance of the same disease as an epidemic on one of the high and healthy ridges of Marshall county, where the causes are always the same and where disease is seldom seen? The health of the inmates of the Military Prison was remarkably good: and several who had been confined invalids entirely recovered during a few months' stay in prison: which I ascribe to regular habits and plain living.

A Mrs. Martin, from a healthy region in Tyler county, a short time since consulted me in regard to a chronic disease of her daughter's throat. I learned from Mrs. Martin, that in 1863 diphtheria took away three of her four children during three weeks, and the daughter who accompanied her also had the disease, but at another time when it was not so fatal. She stated that a physician from New York, who happened to be in that vicinity, said the disease was what they called spotted fever; she saw a number of cases that became spotted or black before death. Here diphtheria was epidemic in one of the most healthy regions of Tyler county and carried with it some of the family marks of spotted fever, which also prevailed as an epidemic at that period.

\*During a part of the last year, and the year before, there was an unusual amount of diphtheria in the section of the city in the elbow of the creek in East Wheeling, which so much excited and frightened a portion of the profession, that without the knowledge of the Health Officer, they formed themselves into a committee for the purpose of giving a "solemn warning to Council to relieve themselves from responsibility" for "the loss of life among the children in East Wheeling," for the purpose of looking after the health of the city, and particularly after the causes of diphtheria, which they ascribed largely to the want of sewerage and other causes which this committee say the city Council can remove, "by a considerable outlay of money." They did not mention the condition of Wheeling creek, with its foul odors and foul fogs in periods of low water and hot weather, which gathers filth from many miles back in the country, and inform the city Council how it could be managed and the filthy stinking water drained off by skillfully arranged sewers. At times all the water in Wheeling Creek could be run through one small sewer.

Parts of the city are low and crowded with people who live in damp low houses, where the sick cannot be made comfortable, or be well attended and nursed.

In such places where the causes supposed to produce disease, are, with the variations of season, always nearly the same, we look for more sickness perhaps of every kind, and particularly of the



kind prevailing most at the time. The throwing around of disinfectants such as lime, carbolic acid, &c., only changes the odor for a time, without removing the filth, supposed by some to be the cause of the disease.

It seemed not to be understood that diphtheria could thrive on the high and healthy hills and ridges of the surrounding country, and in the high and healthy parts of the city, as well, though perhaps not in the same degree, as in the dirty streets and alleys that received their special attention.

It is sometimes difficult to tell where the healthy parts of the city are. A short time since when sickness had nearly disappeared in the low and suspicious sections of the city, I had five mixed cases of scarlet fever and diphtheria, and some of them of a very severe character, in one family, living in a high and healthy section of the city, where all the citizens are scrupulously careful in observing all the sanitary conditions necessary for good health.

A paper on hygiene and sanitary laws, carefully written by this committee, would I am sure be gladly received, and highly appreciated by the Society.

Members of the Society who have never done anything themselves to advance its interests, and only grumble and find fault, and make a disturbance about what others do, after a time becomes disagreeable.\*

The origin and causes of disease are among the mysteries that have not yet been solved. The scientific experts who were appointed to investigate the yellow fever epidemic of 1878, report, substantially, that they know nothing about the origin of the disease, or the causes that produce it, although they know many things that will aid in its production and propagation, when once in progress. Diphtheria, we have seen, is found in all localities. It prevails in high and healthy places the same as in places that are low and surrounded by filth. The Plague comes and goes; Cholera comes and goes; Erysipelas, Yellow Fever, Dysentery, Typhus Fever, Small Pox, and many other diseases, come and go, but no one can tell whence they come or whither they go; and no one can point out and explain the laws that control their movements. If we could comprehend all the mysteries of the forty-five miles of atmosphere that hovers over and around our earth, our knowledge and wisdom might be increased. The atmosphere may hold the seeds or elements of disease to a great and unknown extent. We may yet have to transfer the subject of the origin and causes of disease to parties that have greater facilities for in-

vestigation than we now possess. The Signal Service, or some other Bureau, may yet be called on to lend their skill in solving the mysteries of disease.

Much can be done by hygiene and by well regulated and well observed sanitary laws. Much can be done by the scientific pathologist, as he investigates the localities of disease with his microscope and chemical tests. Much can be done by individuals living in accordance with physical and organic laws, the laws that control us as organized and living beings : that teach us how to live to a good old age and enjoy life and a large amount of health. We can do much often to ward off and keep clear of disease, and to mitigate its violence, but we cannot annihilate disease. It will break out and show itself often where it is least expected, and surely where it is least wanted. Who can give the origin and cause of the great epidemic influenza—the "Tyler Grip" of 1843? Who can explain the mysteries of the epizootic, the horse influenza of the fall and winter of 1872 and 1873?

But a few weeks since several hundred persons were attacked with choleraic disease in one night, in the town of North Adams, located among the green mountains in Massachusetts. The people charged this attack of disease to the presence of a dense, foul smelling fog; but the fog and the disease passed off without serious consequences after a short stay of a few hours. Several degrees more in the violence of the disease might have depopulated and laid waste the town.

Perhaps the most remarkable instance of death on record from sudden disease, was the destruction in olden time of Sennacherib's army of 185,000 men in one night. We suppose that destruction of life took place in accordance with natural laws and that it could be easily explained by those who have sufficient knowledge of nature and her laws. We may call it a breath, a blast, a poisonous simoon, a glance or a foul fog, and that unless we regard it a direct act of God, performed in violation or by setting aside of his own laws, is about as much as we can explain it. Byron, in one of his Hebrew melodies, gives, perhaps, the most poetical and vivid description ever put upon record, of the terrible fate of that great army. In describing the destruction of Sennacherib's hosts he says :

"The Assyrian came down like a wolf on the fold,  
And his cohorts were gleaming in purple and gold;  
And the sheen of their spears was like stars on the sea,  
When the blue wave rolls nightly on deep Galilee.

“Like the leaves of the forest when summer is green,  
That host with their banners at sunset were seen :  
Like the leaves of the forest when autumn hath blown,  
That host on the morrow lay withered and strewn.

“For the Angel of Death spread his wings on the blast,  
And breathed in the face of the foe as he passed ;  
And the eyes of the sleepers waxed deadly and chill,  
And their hearts but once heaved, and forever grew still.

“And there lay the steed with his nostril all wide,  
But through it there rolled not the breath of his pride :  
And the foam of his gasping lay white on the turf,  
And cold as the spray of the rock-beating surf.

“And there lay the rider, distorted and pale,  
With the dew on his brow, and the rust on his mail :  
And the tents were all silent, the banners alone,  
The lances uplifted, the trumpet unblown.

“And the widows of Ashur are loud in their wail,  
And the idols are broke in the temple of Baal :  
And the might of the Gentile, unsmote by the sword,  
Hath melted like snow in the glance of the Lord :”



# SURGICAL CASES.

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BY JOHN FRISSELL, M. D., WHEELING.

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## NO. CXXV.

In July, 1875, a man named Martin Flanagan came to my office to ask advice about a running sore on his face. He related, in substance, his history as follows: He was twenty-nine years old, was born in England, and came to this country in 1867. He worked as a muck-roller in the iron mills. He had worked at first in Pittsburg, and went to Newark, Ohio, in 1872, where he worked as a helper at a heating furnace in the Lockhart Rolling Mills. Shortly after he had commenced work there he had a quarrel with the manager, Thomas Evans, who had been drinking. During the quarrel, Evans struck him a severe blow with the end of his umbrella. The wound inflicted gave him serious trouble. He consulted physicians in Ohio, and after he came here was under the care of a distinguished medical man of this city for over two years. They had all treated the sore with salves, plasters, and washes, and had burned it with caustic, etc., etc., but it would not heal. At my first examination I did not discover the true cause of the trouble, but at an after examination I detected a metallic substance at one side of the opening through the skin. After dividing the integuments, I passed down a strong *pait* of forceps to take hold of whatever it might be, and remove it, if possible, but I found, on taking a firm hold of the metal, that I could not lift it from its position. I found, however, that the metal was thin and that I could twist off pieces of it, so I kept at work in that way till I had divided the metal. I then took hold of the end of it with the forceps and with much difficulty removed it from its position. I then found that this metal had surrounded a piece of wood that was wedged fast in the bones of the face. I then began, with strong forceps, to remove the wood, and after break-

ing off several pieces, I finally got a firm hold, and slowly pulled and worked it out. The piece of wood proved to be the end of an umbrella, with the ferrule attached. It was nearly four inches in length, and the piece of metal I had at first detected proved to be the brass cap that covers the upper end of the umbrella ferrule.

The accompanying wood cut represents the exact size and shape of the ferrule which was removed :



In the quarrel, three years before, with the manager, at the Lockhart Iron Mills, he had been struck with such force by the umbrella that the end of it penetrated the superior maxillary bone at the canine fossa, passing backward through the antrum, striking the pterygoid process of the sphenoid bone and proceeding back to the side of the cervical vertebra, a short distance below the atlas and foramen magnum of the occipital bone. The ferrule, the end of the staff and the capping, were all driven in at least four inches. The staff was broken off close to the brass capping, and the skin closed over the whole, leaving only a small opening, which served as a vent hole for a running sore.

Mr. Flanagan took the fragments and the end of the umbrella around with him for a few weeks to show to his friends, that they might see what he had been carrying in his face and neck for near three years, all the time under the care of skillful physicians.

This is one of the most remarkable cases of injury I have seen or read of. That a man should enjoy tolerable health and be able to work with such a mass of wood and metal imbedded in his head and neck, is strange to me. Had I not been cognizant of all the facts I could hardly have believed such a thing possible.

The wound healed slowly, but finally became closed in the course of a couple of months.

It has been suggested that I give the outlines of the following case :

In the ophthalmic surgery of Lawrence and Moon, page 71, there is a case reported more like the above than any I have seen recorded. G. W., an old man seventy-three years of age fell down stairs in the dark and struck a hat peg that was secured to the wall,

drove it about three and a half inches into the right side of the orbit of the right eye. The peg entered between the internal rectus muscle and the lachrymal apparatus and was driven transversely through into the opposite side of the face. The peg broke off near its base, and close to the bone. The mucous membrane closed over the opening, so that the peg escaped detection for over two weeks; and then it was removed only with great difficulty. The point of the peg was supposed to reach into the antrum on the left side of the face. The man recovered from the accident without injury to his sight.

This is a small case when compared with the one above described, but it is more like it than any case I have found recorded; hence, I refer to it not only as a matter of interest, but as a surgical curiosity. The hat peg was much smaller and shorter than the end of the umbrella. The direction of the hat peg was not such as to endanger life, while the end of the umbrella longer and much larger, passed through regions where there was much danger, and the wonder is that it did not destroy life at once.

The hat peg and the umbrella were both broken off close to the bone, so that the mucous membrane closed over the opening in the orbit, and the skin and integuments closed over the opening in the face. In both cases the foreign body was so obscured, that it was not detected for two or three weeks in one, and in the other not for nearly three years.

It is not uncommon for foreign bodies to remain long periods undetected, when plunged deep into the structures of the body. There are diseases also not often met with, that sometimes remain for long periods undetected. Stone in the bladder, diseases of the antrum and others are often overlooked, and the troubles treated for other diseases.

Many of the cases that have at different times come under my observation, had been treated for various periods and sometimes for many years, without there being any suspicion as to what was the real trouble by the attending surgeon.

#### NO. CXXVI.

Mrs. George Clause, of Bellaire, came to my office on the 28th of November, 1879, and showed me a tumor under the left ear, extending some distance over the left side of the face, as large as a goose egg, and flattened on the inner edge, where it spread over the side of the face, or the ramus of the under jaw. This tumor had been in progress some nine or ten years, and perhaps longer.



I passed in an exploring needle and drew off about two table spoonful of a glairy fluid of a yellowish brown color. The skin was loose over the surface of the tumor, which, with its deep attachments, was in some degree movable. I suspected malignancy in the tumor and feared the result, but advised an operation as the best thing that could be done. Mrs. Clause had let the tumor remain unnoticed several years, while it did not pain or trouble her and only increased in size very slowly; but when it began to grow faster, give her more pain and keep her awake at nights, she had apprehensions of cancer, and all her friends talked to her about cancer till she became greatly frightened and made up her mind to have it removed, whatever might be the result.

The 9th of December, was the day fixed for the operation, at the house of her daughter on Sixteenth street, where at the appointed time she was found ready and waiting. All things were prepared for such emergencies as bleeding, fainting, etc. With the aid of Dr. Happ and his student I had the head and neck elevated and turned in a position to expose the tumor. All things being ready, chloroform was given and the operation was commenced by dividing the skin and cellular tissue the whole length of the tumor, entirely down to the tumor itself. The cellular sac and coverings were all in a diseased and half-deadened condition, and on account of the numerous vessels and nerves involved in the tumor, I did not use cutting instruments in its removal, but in place I used mostly my fingers and a scoop, by which I was able to separate the tumor from its attachments, and to gradually loosen it from its deep hold on the vessels and deep tissues of the neck. As I went to lift it out a number of the branches of the facial nerve (portio dura) were found penetrating the tumor and holding it like strong strings. One of the nerves was large and I divided it with a pair of scissors; the other nerves were smaller and easily broken. The tumor, when the cellular coverings were removed, had the nodular and glistening appearance of the parotid gland. The bleeding was considerable, but was entirely controlled by the use of persulphate of iron and creosote upon the surface, and by packing the whole cavity with pledgets of lint, soaked in a solution of persulphate, the whole being covered by a compress and bandage. The whole cavity between the ramus of the lower jaw and the mastoid process seemed to be entirely cleaned out. There was no appearance of gland or any other substance in the cavity. The whole side of her neck, head and face pained her greatly and swelled to a frightful extent. In a couple of days I removed the first dressings, and

found the bleeding entirely controlled and the whole surface charred with the iron. After the first dressing my applications were lint, kept wet with a mixture of tincture galls and myrrh, strongly impregnated with acetic acid and creosote. Every time the surface would become partially cleared off I would make a thorough application over the whole surface of the wound of a mixture of equal parts of creosote and acetic acid, which application deadened by degrees the diseased flesh of the sore, when the large open space began gradually to fill up and the skin to contract, until finally, in the course of eight or nine weeks, the whole sore healed and the surrounding parts put on a healthy appearance. I felt almost certain, after the operation, that the sore was to such an extent malignant that it would not entirely heal, and that a perfect cure would be impossible; but I was happily disappointed in the result. The left side of the patient's face was paralyzed from the time of the operation. No signs of the parotid gland or salivary fluid at any time appeared, everything was clear to the bones.

It is sometimes said the parotid gland is never removed, but I feel sure there has been none, in this case, since the operation, and if the tumor is not a cancerous parotid gland I cannot make out what it is. I should like to have it examined by some competent pathologist, or expert in that class of examinations.

#### CASE NO. CXXVII.

On the 30th. of December, 1879, I removed a tumor from Mrs. George McGorr, of Ohio. The tumor was under the ear, on the left side of the neck, and had been in progress for about twenty years. It commenced as a small movable tumor under the skin and had been slowly growing all the time. Of late it had been growing much faster, was beginning to give her severe pain at times, and she began to have strong fears that it was a cancer. She had been in town some six weeks before, when I advised her to have it removed, and she came this time with her mind made up to have an operation performed; I feared trouble, but thought it best to take the risks. With the aid of Drs. Hildreth and Happ I removed it, much after the manner of removing that of Mrs. Clause. The tumor was adenomatous in character and had a distinct sac, but the upper portion had begun to degenerate and was fast losing its benign character. I have seen a good number of cases where tumors of this character having remained dormant for many years, have suddenly developed into cancerous disease of the most rapid and fatal character. That kind of change had commenced in this case, but

had not progressed far enough to prevent as I supposed, a permanent cure by removal. I used a mixture of creosote and acetic acid to deaden the remnants of the sac and clean out the cavity. In the course of five or six weeks the wound filled up and closed over; I used the same dressings as in the preceding case. At last accounts Mrs. McGorr was regarded as entirely cured. I was afraid the parotid duct might have been cut or injured in the operation, and that there might have been a salivary fistula, but I saw no signs of any accident of that kind. I have wondered if the parotid gland were obliterated by the long continued pressure of the tumor upon it.

#### CASE NO. CXXVIII.

Mrs. H. H. ———, of this city, about fifteen years ago noticed a small tumor the size of a pea, under the right ear, which she thought was produced by leaning her head over to the right side when at school, and resting on the point of her fingers placed just back of and under the ear; the tumor changed but little till after marriage about ten years ago, when it commenced to grow much faster, so that during the past five years its size had more than doubled. It was about the size of a turkey's egg when I saw it, and was beginning to pain her and have a very uncomfortable soreness and aching feeling; a little pressure upon it would make it pain her all day. She too was afraid of cancer and had anxiously considered the matter of having it removed, although she feared the operation would kill her. After Mrs. McGorr had been operated on, Mrs. H. called at her boarding place to see her and found her so comfortable and doing so well that she concluded to have hers removed. The day was set, and with Drs. Hildreth, Hupp and Stifel I removed the tumor much after the manner of the two preceding ones. The wound did well and healed in some four or five weeks. This was much the smallest of the three.

#### CASE NO. CXXIX.

I also removed two other tumors of the same character, but still smaller than that of Mrs. H. One was from a Wetzel county lady, who had a tumor growing behind her ear as large as a hen's egg. It annoyed her much, was painful and greatly in the way. It was removed, the sac destroyed and the cavity filled up and healed over like the others, and has, so far, given her no further trouble.



## CASE NO. CXXX.

I removed another tumor from the back of a person in the city, treated it in the same way, and recovery was perfect.

This makes five tumors that I removed during two or three months of last winter and spring. They were all successful operations and the results have all been satisfactory. The first case, that of Mrs. Clause, I regarded malignant and confined to the parotid gland. The other four were, perhaps, adenomatous in character and not at the start malignant, though all liable in time (maybe not for many years) to degenerate and provoke malignant action which, often, being started, runs a very rapid course and terminates fatally, unless effectually cut short in its progress.

Several years since, I had, in quick succession, three cases of tumors that involved, in each instance, the sub-maxillary gland.

## CASE NO. CXXXI.

When the first case presented, I did not from any symptoms I observed (except that enlarged and hardened glands are always suspicious), regard it as malignant. The patient was from abroad and came to the city for treatment. He had tried, without effect, such treatment as had been given him at home. In accordance with his earnest wish, I operated, removing the sub-maxillary gland with great care, and with, as I thought, success. For a time everything seemed to go on well, but before the wound finally closed a fungus shot out, which proved to be the commencement of a soft cancer, which destroyed the patient in less than a year. The history of this class of cases, after the disease has once gained sure foot-hold in a locality where it cannot be removed, is very much the same, except that some cases progress much more rapidly than others.

## CASE NO. CXXXII.

A second case of a similar character, to all appearance, presented some few months later. I could not say that this tumor was malignant and could not be cured. I removed it as in the preceding case, but before the wound closed a malignant growth, of decidedly a scirrhus character, began to develop and finally killed the patient by slow degrees.

## CASE NO. CXXXIII.

A third case soon presented which seemed to me to be of the same character. After my experience with the two preceding cases

I felt the need of more caution about the third. I suggested general treatment, which he tried for several months without benefit: he was all the time anxious for an operation, which I did not want to perform. The first two were men of only moderate means and could not well bear the expense of going to leading surgeons in the large cities. The third was one of the wealthy men of Ohio, who could just as well pay five hundred or a thousand dollars to a surgeon in New York or Philadelphia as to pay me or some surgeon near home twenty-five or fifty dollars for the same operation and services. I have known a number of instances where persons have paid from two to five thousand dollars for operations performed by surgeons in the large cities, here or in the old country, when they could have had the same done at or near home, just as well, for less than fifty dollars. As this patient was anxious to have an operation performed and I wished, on account of past bad results in what seemed to be similar cases, to avoid operating myself, and as he was going east on business, I gave him letters to distinguished surgeons in New York and Philadelphia who also advised him strongly, as the best and safest course to be pursued, to have the tumor removed; and one of the surgeons wrote me a letter in regard to the manner of doing it. But I could not make up my mind to operate. The two previous cases were all the time in my mind. I persuaded him to go east to have the operation performed, and he finally had the tumor removed in Philadelphia by Dr. P. But success there was no better. The wound refused to heal, became cancerous, and the man finally died. I was well satisfied that I did not undertake the case myself, and it was a satisfaction to know, also, that doctors in the large cities made mistakes and took bad risks as well as myself.

A large amount of cancerous disease, which, by the way, seems to be on the increase, is found about the head and neck.

#### CASE CXXXIV.

Early in the spring of 1877, Mr. L——, of this city, called at my office to consult me in regard to an enlargement or tumor under the right ear. It was not giving him much pain, but he was fearful that in the end it would cause him trouble. Some years before an epithelial cancer made its appearance on the right side of the face, which was destroyed easily in that locality with chloride of zinc. The wound healed kindly and all seemed well till the present tumor appeared. At the time Mr. L. first spoke to me, I ad-

vised him to have it removed at once, but he wanted to attend to some business in the West, and afterward sickness in his family carried him on to September without having had anything done with the tumor. It had increased much in size, and had become red and painful with fluctuation, which indicated a cavity containing fluid. The symptoms and appearances then were those of malignant disease. He consulted other physicians, who spoke discouragingly to him about his prospects. He insisted, however, on its removal, and seemed to have in mind the family history of the disease; he was anxious to take any risks to get rid of it. In order to explore the tumor, which was nearly ready to break into an open sore, I tapped the cavity containing matter and drew off two or three tablespoonful of dirty, brownish-looking fluid, which seemed to be from a cancerous abscess. Although the outlook was gloomy, I concluded, at his earnest request, to try and destroy the disease, as had been done some years before when on the face (a far more favorable location), with chloride of zinc, and the actual cautery, with any other remedies that promised aid. After extensive destruction of the tissues the disease would spring up afresh, and the bottom of the cavity, between the ramus of the under jaw and the temporal bone was all the time a diseased surface. The parotid gland was involved and became gradually destroyed by the disease. Several attempts were made to eradicate the disease, but in every instance without success, and in spite of every care and attention the disease gradually extended, involving largely that side of his neck and head, opened into his mouth and throat, and he finally died a great sufferer, in about 18 months from the time he first called to see me. I proposed to do the operating at his own house, but he objected and wished to have all attentions to his case given at my office, which after a time became very disagreeable to those about the house, on account of the peculiar odor always present in sores of that class. I proposed several times to give such attentions as he needed at his own house, but he would never consent for some reason, and after he became too feeble to call on me I never saw him again. None of his people ever asked me to call at his house and no invitations ever reached me from him.

Cancer had existed for generations in branches of Mr. L.'s family, and with him it might well be regarded a hereditary disease. He was aware of that fact and it made him all the time depressed and desponding. None of the several physicians who saw him often, gave him encouragement that his disease was under control,



although some encouraged him to hope in the end for a good result, presuming that he would learn his real condition as fast as he would wish to know it. All who knew his family and family history took it for granted that his disease was cancer.

There are two ways of treating patients with disease that is expected to prove fatal. One is to tell them their disease is incurable and that they must soon die (which is sometimes a mistake), that treatment will be of no avail, and that all efforts to cure will be useless, and leave them to make their peace with their Maker, and finish their journey uncomforted and sometimes uncared for and alone. The other way is to hold out always a degree of hope, a few chances to cling to, give to the sick a kind and careful attention, as though you expected good results, and thus keep the distressed and suffering patient as comfortable as possible in mind and body. That course looks most humane in the physician and in most cases is most agreeable to the patient. Though their true condition, according to the physician's best judgment, should be made known to judicious friends. Sometimes a man, more bold, presumptuous and daring, will insist on knowing if his case is dangerous, if he is going to die, and if so how soon, and demand to be definitely informed of all these things. I sometimes, when hard pushed, tell such a man that with him the sun is almost down, that the invisible world is near at hand, that he has been weighed in the balance, the date recorded, the Judge passed sentence, and that he must prepare at once to answer the questions that will be propounded to him when he appears before St. Peter's gate. Some will brave it out to the last, but most will finally want to know if there are not still some chances, some few rays of hope to cling to. They seem, with all their bravery, unwilling to be placed entirely outside the vale of hope. Physicians sometimes, for the sake of appearing wise, tell patients too much; they tell them more than they know themselves, and of course tell them sometimes what is not true. The number of cases where physician can, with certainty predict death and the time it will take place is small. Mistakes are often made in such things by good men. We often hear that patients pronounced out of danger in the morning are dead in the evening. Many consumptives, dyspeptics and persons said to have heart disease who were given up to die many years ago, are still living with improved and perhaps good health. Sickness sometimes comes at dead of night when even the magic powers of the battery cannot arouse the sleepers. Nearly every newspaper gives an account of sudden and unexpected deaths.

No one can tell when small clouds are seen in the distance or even when larger ones cumulate and threaten, that they are the beginnings of a destructive storm or tempest; the many clouds pass away without harm or notice, but sometimes the stormlike sickness, comes upon us when no one is watching. The more experienced, prudent and kind hearted medical men, calculate the results of disease or sickness by chances, when a few can always be left on the side of the sick. They will not express positive opinions about matters shrouded in some degree of uncertainty.

A physician may predict death, when the chances of recovery are few, and in many instances be correct, and then boast of his superior knowledge and skill. But occasional mistakes, show that he does not speak from actual knowledge, and that he is liable at any time to mislead and deceive those under his charge. A satisfied mind, a change of medicine, a visit to some medicinal springs, a change of climate, a voyage at sea, a journey on horseback, a dwelling place in the mountains, some one or more of these changes may often stop the progress of disease, prolong life and sometimes, restore an invalid to health. Some are restless and fond of change, they read advertisements, listen to long stories of marvelous cures, and confide in them as authority; they have a fondness for new medicines and a strange doctor. Many will leave all the comforts of friends and home, and travel or wander about in search of health. The few only gain by it, but the many lose. Springs, as a rule, are much more useful to invalids by reason of the change of air, change of society and freedom from care, than for any valuable medicinal qualities in their waters. It is always unpleasant to have the knowing and noisy ones outside of the profession, and those who are so wise and know so much after a thing is over, who are always saying and doing silly, foolish things, which they hope will spite or worry somebody, to make positive declarations about matters they do not understand. Doctors, too, are sometimes watching for chances to do mischief and make trouble for somebody.

The maxim of the nine fools to one wise man will be likely to hold fast to its good standing for many ages yet to come.

